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MEMORANDUM ON BRINGING BASIC HEALTH CARE TO AMERICAN PEOPLE .

1- The President's Commission on the Health Needs of the Nation will give us the high-level findings, but we must take these findings out of the empyrean blue and bring them down to the level of the average precinct worker. And we must tell our story over and over again -in a deliberately primer style. We have to overcome three years of concentrated Whitaker and Baxter sloganizing.

As I told Mr. Boyle on several occasions, we must take the "curse" off this issue through hard-hitting, common denominator material directed to the average citizen. And by hard-hitting facts, I don't mean sexless statistics from FSA actuaries on the relative merits of the British Health Insurance System. I mean, for example, use of some of the heart-rending case histories of medical indigents contained in "Making Ends Meet on Less than \$2,000 a Year", a publication of the Joint Congressional Committee on the Economic Report. Speaking of 40 million Americans who fall in this category, the report states:

"Health remains the point of highest vulnerability. The defenses of low-income families are really down when sickness strikes, and our common barriers against its onslaughts on health and livelihood are as yet painfully ~~not~~ inadequate... Serious illness poses economic problems for all but the ~~not~~ well-to-do. When it comes to low-income families, it must of necessity bear down heavily on what they spend for food and clothing. Being beforehand is difficult when competition for the household dollar is so acute..."

2- We must pound away at what Whitaker and Baxter call the "fringe" issues -the doctor shortage, lack of basic public health services, dire shortages of medical services in rural areas, the plight of the old folks who can't even get health insurance, etc. Whitaker and Baxter are plain scared of a rip-roaring fight on basic medical needs. They know they can't win that one; they can only hope for a delaying action by twisting the issue and puffing it up into a battle over "state socialism" or "bureaucratic interference with freedom". Here is what Whitaker said back in February, 1950:

"From our standpoint, the fundamental question involved in compulsory health

insurance is much more adapted to effective, clear-cut presentation than the hidden threat in a bill to provide federal aid to medical education."

Translated into honest English, this means that you can put out several million dollars worth of flag-waving nonsense about a hypothetical threat to a citizen's independence, but you are completely stymied when you put out the same amount of money telling him there isn't a shortage of doctors, or that he doesn't really have much trouble paying his medical bills. He knows differently, and frequently from bitter personal experience.

Harry M. Rosenfield put it well in his job on the medicos in "The Antioch Review":

"Health is a universal preoccupation. In its broader connotations, it is much easier for people to understand than professional rigamarole and expert gobbledygook would have us believe. The general public rejects organized medicine's premise that it alone is competent to determine how, when, where and how much medical care shall be provided..."

Lowell Mellett hit it a little harder in a column in "The Evening Star":

"For, inevitably, the AMA campaigners have overstated their case and misrepresented the thing they oppose... They have been laying a lot of eggs and one day there will be chickens coming home to roost. The people are due to discover that, while they have been saved from 'statism', they still have their aches and pains and still lack the price of adequate care... Our voting population contains only 150,000 members of AMA, as against millions of voters for whom the cost of medical care is a serious problem."/

But, step by step, how hurry these AMA chickens home to roost?

Above all else, one important fact must be realized: the Democratic Presidential candidate in 1952 will have only a modicum of time to devote to this issue. Granted that he will use the Commission findings in several of his speeches. But will this counteract Whitaker and Baxter, who will start swinging with several million dollars as soon as the Commission is announced? They will use every pamphlet, every medium of communication, every phony resolution, to besmirch and befoul the Commission's personnel, purposes and findings. We must be ready with a plan of attack from the day the Commission is announced, because our opposition will concentrate a 24-hour a day barrage on the health issue.

3- The Democratic National Committee must open its channels up to a broad, educational job on the health issue. Up until now, these channels have been tightly closed against this issue. As a result, the average party worker out in the field still takes a dim view of the health issue.

You are not going to convert this party worker overnight by a shining manifesto declaring that the health issue is really a good one. You have got to plan a campaign to win him over -and you have got to tell him the facts, over and over again, in primer fashion. There are many ways in which this can be done:

a- The first need is a simple, Anglo-Saxon handbook accenting the medical needs of the average citizen. It should be brief and snappy, with plenty of cartoons. Last year the DNC, with the aid of the Committee for the Nation's Health, put out an 80-page handbook which hit a new high in wordage and statistical obfuscation. This is just how it should not be done. Look at the simplicity of the Whitaker-Baxter stuff -for example, "A Simplified Blueprint of the Campaign against Compulsory Health Insurance".

Work on this handbook should not be delayed until the Commission makes its report. It should be screened and rescreened over a period of time -every line and cartoon made as sellable as possible. Distribution of this should run into the hundreds of thousands.

b-Live copy on the health issue should be funnelled continually to the newspapers. This really should be a function of the publicity division of the DNC, which up until now has treated the health issue with a deafening silence.

To quote from the December, 1950 memo which I submitted to Mr. Boyle on ways in which the DNC could bring this issue to the people:

"Local newspaper reporters, the great majority of whom take a dim view of the AMA, must be cultivated and serviced. A lot of effort must go into this reporterial job, since through it you will get the American people aroused on the issue. This news copy should be timed and pin-pointed."

Let's take an example. Taft's ~~senior~~ double-crossing switch on federal aid to medical education should have been pounded home to our party workers. Senator Kerr, in his speech starting: "What would the father of a child who needed a doctor do in the presence of an emergency?" drew the basic lines for 1952 - human welfare versus Republican book-keeping. Yet the DNC refused to open the party channels for material on this.

c- A fundamental research job must be done on the AMA and its unsavory alliances. In the December, 1950 memo, and several previous memos, I have gone into great detail in exposing the vicious tie-ups between the Republican Party and Healing Arts Committees. This research job must be greatly intensified, and its findings smashed home to the average party worker. The DNC must be strengthened to do this kind of job - it hasn't had a research staff for more than a year.

d- There is a need for a good, 10-20 minute film documentary on the health issue. The AMA put out a film against national health insurance last year, but it hung itself through patent exaggerations and a lack of human warmth. We could do a case history kind of film - maybe dramatizing a couple of the cases from "Less than \$2,000" - which would knock people out of their seats. A film of this kind would be a wonderful educational tool for party workers.

e- Several grass roots conferences on emergency medical problems would focus specific issues and get a lot of good news copy. For example, several of the big farm organizations could sponsor a regional conference on the medical crisis in rural areas. A conference on the need for expansion of public health units would have the Congress of Parents and Teachers and the General Federation of Women's Clubs, both supporters of the bill, as sponsors. And so on.

In addition, the DNC should prepare basic health material for the many state and regional party conferences; work up material for Democratic Congressmen on health issues, and take a hand in straightening out the legislative confusion and lack of liaison on health bills.

SUMMARY - In brief, as much effort must be concentrated on opening up and strengthening the Democratic National Committee on the health issue as on the setting up and

operation of the President's Commission on the Health Needs of the Nation.

Whitaker and Baxter will start banging away at the Commission from the day it is announced. The Commission will be unable to fight back, but the DNC will, and must. With all my heart, I say that I fear we will be unable to counteract the Whitaker and Baxter barrage unless we have a blueprint for action and the full cooperation of national, state and county workers of the Democratic Party.

After several months of thinking about it, Mr. ^Boyle came around to this point of view. He instructed Charles Van Devander, director of DNC publicity, to draw up a memo outlining how the health issue campaign could be incorporated into the DNC structure. In the final memo, which Van Devander showed me, provision was made for an assistant to the Chairman who was to be in charge of the health issue. He was to have one field worker and several office assistants. All the publicity channels of the DNC were to be opened to him, plus the considerable forces of the Women's Division.

However, the week the memo was turned over to Mr. ^Boyle, the whole RFC business broke wide open.

I respectfully suggest this memo be located, refurbished and put into action!